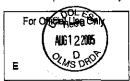
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5	2. Fiscal Year Covered From:		
The Marie of Section o			
	1 / 01 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Victor E Vince	Name Heat & Frost Insulators and Asbestos		
VASCOLINIA I I I I I I I I I I I I I I I I I I	Workers Labor Organization File Number Local 23		
	Labor Organization File Number Local 23 06074		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2046 Beechwood Street	Street 3763 Calast Barrier DJ		
ZU40 Beechwood Street	Street 3263 Schoolhouse Rd		
City Orefield	City Middletown		
State PA ZIP Code + 4 18069	State PA ZIP Code + 4 17057		
5. Position in labor organization. Union Trustee, Funds Trustee			
there are the second of the se			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests			
(except as specified in the exclu	sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
F.O. BOX, BIQG., NOUTH NO., II ally	7.b. Amount.		
Street [12:13:12:13:13:13:13:13:13:13:13:13:13:13:13:13:			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
134010			
Signed Like E Unes	On 8/11/05 61-0-398-3262		

Name of Person Filing Victor E. Vince		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:	— · · · · · · · · · · · · · · · · · · ·		
Name D H Evans Associates, Inc.	a. Labor Organization			
Trade Name, if any:	a. Labor Organizatio	n		
P.O. Box, Bidg., Room No., if any P.O. Box 6480, Suite 14	c. Employer			
Street 2207 Forest Hills Drive	g a lautit station.			
City Harrisburg State PA 7/P Code + 4 17/112				
State PA ZIP Code + 4 17112				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Local #23 Health & Welfare Fund	11.a. Nature of such dealing.			
Name Local #23 Pension Fund Local #23 Annuity Fund	Contact Administrator of the Trust Funds			
Trade Name, If any:				
P.O. Box, Bldg., Room No., if any P.O. Box 6480, Suite 14				
Street 2207 Forest Hills Drive	11.b. Approximate dollar value	of such dealing. 91,844,10		
City Harrisburg	12.a. Nature of interest held o	or income received.		
State PA ZIP Code + 4 17112	Trust meeting e	xpense		
	12.b. Amount.	19/13		
C. Received from any employer (other than an employer covered unde	r narts A and B above)	Stream and All graphonic congression (1994) graphonic (1994) graphonic (1994) and (1994)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
,				
Street				
Street City				
Final and the control of the control				

File Number U-

Name of Person Filing